

Overall section 1115 demonstration	
State	<i>Massachusetts</i>
Demonstration name	<i>11-W-00030/1 and 21-W-00071/1</i>
Approval period for section 1115 demonstration	<i>October 1, 2022 - December 31, 2027</i>
Reporting period	<i>January 1, 2023 – March 31, 2023</i>
Demonstration goals and objectives	<ul style="list-style-type: none"> • <i>Continue the path of restructuring and reaffirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model;</i> • <i>Make reforms and investments in primary care, behavioral health, and pediatric care that expand access and move the delivery system away from siloed, fee-for-service health care;</i> • <i>Continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs and specific improvement areas relating to health quality and equity, including maternal health and health care for justice-involved individuals who are in the community;</i> • <i>Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and</i> • <i>Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.</i>

Enrollment in Premium Assistance (STC 16.5.b.v.)

During this reporting quarter, MassHealth provided premium assistance for 11,947 health insurance policies resulting in premium assistance to 24,878 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$18,756,793.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,852	12,636	14,488
<i>CommonHealth</i>	3,492	0	3,492
<i>Family Assistance</i>	14	6,136	6,150
<i>CarePlus</i>	0	748	748

Total for 1/1/23-3/31/23	5,358	19,520	24,878
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Premium Assistance Disenrollment Rate

During this reporting quarter, MassHealth provided premium assistance for 11,947 health insurance policies. Of these, 1,234 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 10.3%. Please note that losing Premium Assistance does not impact a member’s MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth. Many of the policies who are disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information.

Premium Assistance Program: Employer Sponsored Insurance	Total Premium Assistance Policies	Total Policies Disenrolled from Premium Assistance	Premium Assistance Disenrollment Rate
Total for 1/1/23-3/31/23	11,947	1,234	10.3%

Waiver Evaluation (STC 16.5.d)

2017-2022 Waiver Evaluation Activities Goals 1&2

Quantitative Activities

- Continued secondary data acquisition
- Continued data preparation and analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, Flexible Services data, MassHealth and other program data, ACO financial reconciliation data, and CP staff and ACO provider surveys
- Continued interviews with MassHealth SWI Vendors to obtain information for cost analyses and completed costing analyses for two SWI programs
- Continued preparation of manuscripts for submission to peer-reviewed journals

Qualitative Activities

- Continued analysis of ACO, MCO, CP wave two KII data
- Continued analysis of member interviews wave two data
- Began analysis of SSO case study interview data

- Continued review of ACO and CP program documents
- Continued integration and synthesis of data
- Continued preparation of manuscripts for submission to peer-reviewed journals

2017-2022 Waiver Evaluation Activities - Goals 3-7

- Continued updating descriptive statistics of program data and updating coding for claims data analysis for Goal 3
- Continued reviewing and analyzing data for HEDIS-based quality measures and reviewing the results for fee-for-service population analyses for Goal 4
- Continued updating analyses for Goal 6
- Continued communicating with data system teams about compiling and transferring MassHealth data to the Independent Evaluator for Goal 7
- Continued reviewing and comparing data from two sources (DDE and MMIS) for Goal 7 analyses to determine best source
- Continued regular monthly meetings with MassHealth to ensure tasks are on track and to discuss issues as they arise.
- Continued research of policy developments relevant to each goal
- Began preparation of a manuscript for submission to peer-reviewed journal

2017-2022 Waiver Evaluation Activities – Goal 5

- Obtained updated MA death data
- Obtaining updated CDC WONDER data
- Continued to update measures for 2020 for Goal 5
- Continued to meet with MassHealth SUD program contacts to ensure objectives of the evaluation are being met

2022-2027 Waiver Evaluation Activities: October 1 – December 31, 2022

During this quarter, the Independent Evaluator (IE) continued developing and finalizing the Evaluation Design Document (EDD), enabling MassHealth to submit it to CMS in April. The IE and MassHealth staff continued to meet to confirm a shared understanding of CMS expectations for the EDD and MassHealth's goals and implementation plans for the Demonstration. The seven policy domain workgroups established by the IE developed evaluation designs based on logic models and to address research questions and hypotheses that were developed to address CMS expectations and Massachusetts' goals. The IE also developed a budget to support the evaluation.

Beneficiary Support System (STC 8.10)

Call Center	Skill/Call Type	Calls		
		Jan-23	Feb-23	Mar-23
Total MassHealth Enrollment Center Calls Offered		33,098	34,876	25,361
Automated Health Systems	Applications	11,368	8,584	9,383
	Assister	5	3	0
	Eligibility	77,366	54,247	65,830
	Health Plan	49,857	40,764	52,503
	Language	3,632	3,319	3,947
	OneCare/HSN	63	438	596
	Tax Form	1,639	5,325	6,430
Total Automated Health Systems Calls Offered		160,251	127,957	157,563
Maximus	Eligibility	26,660	60,370	70,262
	Health Plan	70	5,364	9,332
	Specialty	8,121	7,471	8,497
Total Maximus Calls Offered		34,859	73,205	88,101

Independent Assessor for DSRIP (STC 12.14)

During DY28 Q1, MassHealth continued to contract with Public Consulting Group (PCG) to serve as the DSRIP Independent Assessor. The Independent Assessor is a designated entity that reviews ACO and CP proposals, progress reports and other documents to ensure compliance with approved STCs and Protocols. The Independent Assessor makes recommendations to the state regarding those proposals, reports, and other documents and assists with the progress reports and continuous quality improvement activities. Please see the DSRIP ACOs, CPs, and Operations and Implementation sections of this report for more details.

During DY28 Q1, MassHealth continued to contract with Commonwealth Medicine (renamed ForHealth Consulting in 2023), the public service consulting and operations division of UMass Chan Medical School, to be the overall waiver evaluator as well as the DSRIP evaluator. The Independent Evaluator determines the effectiveness of the DSRIP program in relationship to its goals. Please see the 2017-2022 Waiver Evaluation Activities section of this report for more details.

ACO and CP Delivery System Reform Incentive Payment (DSRIP) (STC 12.9)

Accountable Care Organizations (ACOs)

During DY28 Q1, MassHealth continued to conduct internal analysis to identify potential drivers of ACOs' historical financial and utilization performance. MassHealth requested final progress updates from three ACOs under performance engagement since January 2022. Two engagements have been successfully closed after demonstrating early successes in their targeted initiatives; one other engagement is on track to be closed soon. MassHealth continued to develop enhancements to performance management strategies for Rate Year 23 and onward, including added improvements to MassHealth's internal ACO/MCO performance dashboard. In light of new policies and programs associated with the new ACO Program that launched on April 1, 2023, MassHealth continued to identify and evaluate potential report enhancements and updates for RY23 and onwards.

All 17 ACOs participated in the Cycle 2 of ACO Performance Remediation Plans (PRP), combining CY21 and CY22. During DY28 Q1, ACOs submitted their PRP Cycle 2 final reports, and MassHealth and the Independent Assessor reviewed and scored the submissions.

Community Partners (CPs)

During DY28 Q1, MassHealth released guidance about transition of current members from the current CP program to the new CP program launching on 4/1/23, and held several CP leadership meetings to engage stakeholders on this topic. In March, MassHealth released the Community Partners (CP) enrollment, cost, and utilization reports. MassHealth completed the review and approval of the performance remediation plan (PRP) midpoint reports for all 25 CPs participating in the PRP process. CP PRP process combines CY20, CY21, and CY22. Also, during this quarter, participating CPs submitted their PRP final reports, and MassHealth and the Independent Assessor started the review and scoring of the submissions.

DSRIP Operations and Implementation

During Q1, MassHealth and the Independent Assessor reviewed and approved all the ACO and CP budgets, budget narratives, and full participation plans for the extension period of 1/1/2023-3/31/2023.

MassHealth ACO/APM Adoption Rate

- **ACO members¹ as of 3/31/23:** 1,210,333
- **MCO enrollees covered by APMs that are not ACOs:** 4,497
- **ACO-eligible members² as of 3/31/23:** 1,537,234

¹ This number (i.e., ACO members) includes all ACO model types (A, B, and C) and serves, along with MCO enrollees covered by APMs that are not ACOs, as the numerator in the calculation of "Percent of ACO-eligible members enrolled in ACOs" metric displayed below.

² This number (i.e., ACO-eligible members) includes all ACO enrollees and attributed members (Model A, B, C) as well as members enrolled in the PCC Plan, our traditional MCO program, and a subset of FFS members who are managed care-eligible but not enrolled in an ACO, MCO, or the PCC Plan. This includes members not subject to mandatory managed care enrollment and members who were between plans at the time of the snapshot. This number serves as the denominator in the calculation of "Percent of ACO-eligible members enrolled in ACOs" metric displayed below.

- **Percent of ACO-eligible members enrolled in ACOs: 79.0%**

Managed Care Plan	Members	Membership percentage	HCP-LAN Category
Model A	715,486	46.54	Category 4C
Model B	482,551	31.39	Category 3B
Fee For Service (not managed care)	83,525	5.43	Category 1
Traditional MCOs (including 12.3K Model C members)	115,971	7.54	Traditional MCO: Category 4N ³ (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	135,141	8.80	Category 1
MCO non-ACO APM contracts	4,497	0.29	Category 3A

Flexible Services Program

During DY28 Q1, MassHealth supported ACOs in continuing their Flexible Services Programs into PY5 Q5 (Calendar Year 2023, January – March). Additionally, MassHealth released guidance to ACOs on the transition to the new ACOs and how best to ensure members had a safe transition off of services, when needed. In January, MassHealth began review of ACO PY5 Q3 (July – September) Quarterly Tracking Reports and provided feedback to ACOs as needed. In February, those ACOs resubmitted their QTR reports. MassHealth began review of the PY5 Q3 Quarterly Tracking Report data. In March, ACOs submitted their PY5 Q4 Quarterly Tracking Reports (October – December).

Please see below for **Flexible Services Program Quarterly Progress Report Summary of Services Provided** tables.

Health Related Social Needs Updates

- Non-DSRIP Flexible Services Program Updates
 - In January, MassHealth hosted an office hour for ACOs to review guidance for the CY23 Flexible Services program in advance of the ACOs Flexible Services Participation Plan submissions. All 17 new ACOs submitted their Flexible Services Participation Plans and Budgets to MassHealth review. This consisted of 114 programs in total, including 55 housing programs, 52 Nutrition programs, and 7 Housing and Nutrition programs. 40 different SSOs were included in these proposals and programs cover each geographic region of the State.

³ The traditional MCO program has a quality measure slate and an option to implement a performance incentive withhold on capitation rates. As of present day, MassHealth has not implemented the performance incentive withhold.

- In February, MassHealth reviewed the Flexible Services Participation Plans for compliance, quality, and programmatic review. MassHealth provided the ACOs with feedback to address prior to the launch of their programs.
- In March, ACOs resubmitted their Flexible Services Participation Plans for review. MassHealth reviewed and approved 112 programs. Two housing programs were withdrawn by the ACOs.
- Specialized CSP
 - In DY28Q1, MassHealth hosted two public hearing in regards to Specialized Community Supports Programs (CSP). One session was focused on the proposed rate regulations and the other sessions was focused on the proposed program regulations.

Enrollment Information

The enrollment activity below reflects enrollment counts for CY 2023 Quarter 1, as of March 31, 2023.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	1,056,530
Base Disabled	231,499
1902(r)(2) Children	35,872
1902(r)(2) Disabled	22,153
Base Childless Adults (19- 20)	24,008
Base Childless Adults (ABP1)	57,895
Base Childless Adults (CarePlus)	419,584
BCCTP	1,408

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	34,865
e-Family Assistance	6,218
e-HIV/FA	784
SBE	0
Basic	N/A

DSHP- Health Connector Subsidies	N/A
Base Fam XXI RO	0
1902(r)(2) XXI RO	0
CommonHealth XXI	0
Fam Assist XXI	0
Asthma	N/A
TANF/EAEDC*	N/A
End of Month Coverage	N/A
Total Demonstration	1,890,816

* TANF is reported under Base Families

Enrollment in Managed Care Entities and Primary Care Clinician Plan

The enrollment activity below reflects the average monthly enrollment counts for the quarters ending December 31, 2022 and March 31, 2023.

Plan Type	QE 12/22	QE 3/23	Difference
MCO	233,368	239,325	5,957
PCC	128,375	133,310	4,935
MBHP*	685,120	693,052	7,932
FFS/PA**	755,908	805,655	49,747
ACO	1,218,238	1,218,016	(222)

*MBHP enrollment does not represent members unique to the plan, as there is overlap with PCC and ACO Model B enrollment.

**PA included in FFS and MBHP enrollment counts

Member Month Reporting

Enter the member months for each of the EGs for the quarter.

A. For Use in Budget Neutrality Calculations

<u>Expenditure and Eligibility Group (EG)</u> <u>Reporting</u>	<u>Jan 2023</u>	<u>Feb 2023</u>	<u>Mar 2023</u>	<u>Total for Quarter</u> <u>Ending 3/23</u>
Base Families	1,047,078	1,052,704	1,059,599	3,159,381
Base Disabled	228,902	230,069	232,695	691,666
1902(r)(2) Children	36,162	36,235	35,467	107,864
1902(r)(2) Disabled	21,706	21,759	22,425	65,890
New Adult Group	496,597	499,553	502,966	1,499,116
BCCDP	1,409	1,413	1,402	4,224
CommonHealth	35,254	35,377	34,866	105,497
TANF/EAEDC*	429	450	436	1,315

*This line shows EAEDC member months. TANF member months are included with Base Families.

- **For Informational Purposes Only**

<u>Expenditure and Eligibility Group (EG)</u> <u>Reporting</u>	<u>Jan 2023</u>	<u>Feb 2023</u>	<u>Mar 2023</u>	<u>Total for Quarter</u> <u>Ending 3/23</u>
e-HIV/FA	842	813	757	2,412
Small Business Employee Premium Assistance	0	0	0	0
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0
1902(r)(2) RO	0	0	0	0
CommonHealth XXI	0	0	0	0
Fam Assist XXI	0	0	0	0

Flexible Services Program Quarterly Progress Report Summary of Services Provided*							
PY5 Q4	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Unique Total Members	Total Spend
MVACO	697	2	279	30	1	811	\$561K
BACO	1,324	4	163	143	53	1,582	\$1.8M
Mercy	47	0	16	10	6	68	\$90K
Signature	44	0	0	5	0	46	\$70K
Southcoast	268	0	0	0	0	268	\$215K
C3	2,787	60	225	211	73	3,010	\$2.4M
Berkshire	11	0	2	2	0	15	\$247K
Reliant	22	1	11	57	0	90	\$117K
Wellforce**	N/A	N/A	N/A	N/A	N/A	N/A	\$322K
Baystate	160	62	0	27	5	244	\$682K
Lahey	26	3	11	9	4	45	\$55K
MGB	434	6	2	41	14	491	\$1.1M
SMCN	260	59	64	112	28	391	\$1.4M
Atrius	118	8	0	47	0	164	\$153K
BCACO	742	0	57	4	0	787	\$1.1M
BIDCO	61	2	41	33	14	140	\$248K
CHA	1,145	3	39	179	8	1,230	\$549K

*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified.

**Member data pending from this ACO for this quarter and thus excluded from this report.

FS Program Quarterly Progress Report Summary of Services Provided*

Massachusetts Section 1115 Demonstration Monitoring Report
 DY28, Quarter 1: January 1, 2023 - March 31, 2023
 Submitted: May 31, 2023

Flexible Services Categories	# of Services Provided in Each Category														
	Q1 CY20	Q2 CY20	Q3 CY20	Q4 CY20	Total CY20	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	Total CY21	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22**	Total CY21
Pre-Tenancy Individual	17	61	225	377	480	583	821	860	894	2,209	1,021	1,222	1,001	909	2,714/ \$5.4M
Pre-Tenancy Transitional	0	6	66	62	104	123	123	197	161	527	155	209	273	206	700/ \$2.4M
Tenancy Sustaining	10	79	293	378	584	387	481	642	679	1,286	869	1,007	1,068	910	2,282/ \$4.6M
Home Modifications	0	3	68	109	176	103	96	172	145	495	190	220	374	210	888/ \$1.1M
Nutrition	29	1,228	2,683	3,980	5,450	2,453	2,962	3,913	5,053	8,075	6,111	7,399	7,864	8,146	14,326/ \$27M
# of Unique Members / \$ Spent	42 / \$161K	1,310 / \$948K	3,040 / \$2.5M	4,533 / \$3.1M	6,134 / \$6.8M	3,275 / \$3.4M	3,915 / \$4.8M	4,995 / \$7.3M	6,148 / \$7.1M	10,466 / \$22.6M	8,346 / \$7.5M	8,968 / \$10.4M	9,513 / \$11.4M	9,381 / \$11.1M	17,633 / \$40.6M
# of Unique Members / \$ Spent Across All Quarters	26,578 / \$70M														

*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified.

**Member data pending from one ACO for this quarter and thus excluded from this report.